



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

ConnectiCare of Massachusetts, Inc.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	45	45
PR	2011	0	0	45	0	45	45	0	0	45	0	0	45	225
PR	2012	0	0	45	0	45	45	0	0	48				183
ME	2009	0	0	0	0	0	0	0	0	0	0	0	28,510	28510
ME	2010	0	0	0	0	0	0	0	0	0	0	0	24,261	24261
ME	2011	24,669	40,978	24,134	23,925	24,362	24,178	44,503	24,554	24,263	23,982	23,201	22,339	325,088
ME	2012	23,245	22,739	22,609	21,301	21,352	21,789	21,487	21,427	20,855	20,612	19,838		237,254
PV	2011	533,589	537,187	382,509	380,073	550,897	378,320	550,520	423,581	423,494	421,618	421,767	422,149	5,425,704
PV	2012	420,751	421,225	421,480	468,649	467,479	468,993	469,299	468,995	469,404	522,934	520,601		5,119,810
MC	2008	38,313	36,416	38,072	37,777	34,638	35,521	34,249	39,980	33,009	38,054	30,774	36,385	433,188
MC	2009	28,992	30,291	30,593	32,589	27,202	32,633	32,744	28,733	28,633	29,270	27,717	31,400	360,797
MC	2010	22,454	18,071	19,447	20,230	16,823	18,537	17,279	17,221	21,034	21,026	19,364	19,155	230,641
MC	2011	14,473	14,203	17,550	15,619	13,731	16,112	14,441	15,194	14,502	13,906	14,542	15,254	179,527
MC	2012	12,470	15,378	15,765	16,580	16,937	13,953	15,625	14,936	14,717	18,613			154,974
PC	2008	15,200	15,233	13,880	14,532	13,740	13,691	13,257	13,189	13,277	13,281	13,741	13,160	166,181
PC	2009	12,418	11,790	11,172	11,867	11,348	11,352	10,507	10,490	10,715	10,160	10,947	10,441	133,207
PC	2010	9,396	6,976	6,332	7,006	6,721	7,084	6,619	6,656	6,804	6,705	6,870	6,656	83,825
PC	2011	6,683	6,759	6,204	6,771	6,518	6,655	6,373	6,257	6,267	6,403	6,500	8,613	80,003
PC	2012	6,251	7,665	6,092	5,902	7,388	6,148	6,232	8,041	6,606	8,401			68,726
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









